

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Yosuke INOMATA, et al.  
Serial No.: 10/650,504  
Confirmation No.: 6973  
Filed: August 27, 2003  
For: DRY ETCHING APPARATUS,  
DRY ETCHING METHOD, AND  
PLATE AND TRAY USED  
THEREIN

Art Unit: 1765  
Examiner: Anita Karen Alanko

CERTIFICATE OF ELECTRONIC TRANSMISSION

Date of Transmission: March 15, 2007

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that

☒ Amendment/Amendment Transmittal

are being transmitted via electronic filing on the date indicated above to the:

Commissioner for Patents, USPTO

Date: March 15, 2007

Hogan & Hartson, LLP  
1999 Avenue of the Stars, Suite 1400  
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Judith Bacchi

Name of person transmitting papers



Signature

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In re application of:

Yosuke INOMATA, et al.

Serial No.: 10/650,504

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For: DRY ETCHING APPARATUS, DRY  
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Alexandria, VA 22313-1450, on

March 15, 2007

Date of Deposit

Judith Bacchi

Name

Signature

Date

03/15/07

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	7	-	23	**	0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	7	***	0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
Independent Claims: 13, 20					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$\_\_\_ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$\_\_\_ for the \_\_\_\_\_ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Date: March 15, 2007

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